



4141 Douglas Drive North
Crystal, MN 55422
Phone: (763) 531-1000 Fax: (763) 531-1188
Website: www.crystalmn.gov

Application for Plumbing Permit

Date _____ Permit No. _____ Rec'd By/Date _____

Site Address	
Tenant/Bldg Name	

Applicant: Owner _____ Contractor _____

Property Owner	Name/Company _____ Phone No. _____
	Address _____
	City _____ State _____ Zip _____
Contractor	Company _____ Phone No. _____
	Contact Person (Print) _____ Phone No. _____
	Address _____
	City _____ State _____ Zip _____

Permit Sub-Type:	<input type="checkbox"/> 01 - Fixtures <input type="checkbox"/> 02 - Alteration <input type="checkbox"/> 46 - Water Treating or Softening Device <input type="checkbox"/> 49 - Water Heater
Work Type:	<input type="checkbox"/> 01 - New <input type="checkbox"/> 03 - Alteration <input type="checkbox"/> 04 - Repair <input type="checkbox"/> 08 - Remove/Install
Office Use	<input type="checkbox"/> 20 - Rough-In <input type="checkbox"/> 15 - Final
Required Inspections	

NOTE: ABS/PVC pipe restricted in non-combustible construction.

	Bath Sink	Bath Tub	Bldg Drain ext	Clothes Washer	Dish Washer	Disposal	Drink Fountain	Floor Drain	Grease Trap	Kitchen Sink
Basement										
1st Story										
2nd Story										
	Laundry Tub	Shower	Slop Sink	Sump	Urinals	Vacuum Breaker	Waste Intercept	Water Closet	Water Heater	Water Softener
Basement										
1st Story										
2nd Story										

Misc. Fixtures: _____ Total Fixtures _____

Size of Water Meter _____ Meter Nbr _____ Remote Nbr _____

RPZ Valve _____ Estimated Value of Work \$ _____

* * * (Over) * * *

Office Use Only

Permit Fee \$ _____
State Surcharge Fee \$ _____
Meter Fee \$ _____
Remote Fee \$ _____
Horn Fee \$ _____
Sales Tax \$ _____
Other \$ _____

Total Fees \$ _____

Description of Work

This permit shall be null and void if authorized work is not started within 180 days or if work is suspended or abandoned for 180 days or more after work is started.

The undersigned hereby represents upon all of the penalties of the law, for the purpose of including the City of Crystal to take the action herein requested, that all statements are true, and that all work herein will be done in accordance with the ordinances of the City of Crystal and the laws of the State of Minnesota.

Applicant (Print Name)

_____/_____
Applicant's Signature/Date

FOR HOMEOWNERS DOING THEIR OWN PLUMBING WORK: I certify that I am the owner and occupant of this subject property and I or a member of my immediate family will perform the herein-described work and I will take full responsibility for the work being done.

Section 400.13

Signature of Homeowner

Permit Approved By:

Date Approved:
